

Alaska Department of Revenue
Permanent Fund Dividend Division
2009 Child Prior Year Non-Filer

This is not an application.

Child's Printed Name	Child's Social Security Number	Child's Date of Birth
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1. **Explain why you or another adult did not apply for a 2008 Permanent Fund Dividend for the child named above.** Attach additional sheets if necessary.

2. What is your relationship to the child (Mother, father, grandparent, family friend, etc.)?

3. Was the child (named above) absent from Alaska at any time from January 1, 2007 through December 31, 2008? Yes No

4. If **Yes** to question 3, list the dates the child named above was absent from Alaska during the period between January 1, 2007 through December 31, 2008. Write the absence code in the space provided and explain the reason for each absence. Attach additional sheets as needed for explanation.

Code (A-Q)	Absence Begin Date Month/Day/Year	Absence End Date Month/Day/Year	Why was the child absent?

Absence Code

- A. Accompanied an **eligible Alaska resident** as the resident's spouse or child.
- B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12).
- D. Received continuous medical treatment under a licensed physician's care. Attach physician's statement.
- G. Trained or competed as a member of the U.S. Olympic team. Attach proof
- I. Vacated.
- K. Other reasons. Attach explanation.
- L. Cared for a parent, spouse, sibling, child or stepchild with a critical life-threatening illness which required the ill individual to leave Alaska for treatment.
- N. Provided care for a terminally ill family member.
- O. As part of a legal custody agreement (Attach a copy of the agreement in effect during calendar year 2008).
- Q. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12).

5. If the child was absent and out of state with a person other than yourself, name that person

Full Name of Person	Person Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address	
City, State, Zip Code	
Relationship to Child	Daytime Telephone

Your Signature is Required

Release of Information: I authorize the Alaska Department of Revenue to obtain confidential information to verify my eligibility or the eligibility of any child I sponsor. I authorize the release of confidential records necessary to verify my eligibility or the eligibility of any child I sponsor from any public agency including the Social Security Administration; Internal Revenue Service; Department of Defense; and Alaska Department of Health and Social Services, Division of Public Assistance and Office of Children's Services. I agree that a copy of this authorization is as valid as the original.

Your Signature	Date
Printed Name	
Social Security Number	Date of Birth
Daytime Telephone Number	

Notice: You must provide the requested information within 30 days after the date of this request. If you do not, your child's application will be denied in accordance with 15 AAC 23.173(d).